EXHIBIT "A"

CONTACT@CLIENTEXAMSERVICES.COM

347-486-8298

| Client's Name: |
|--|
| |
| Attorney or Name of Law Firm: |
| |
| Observed By: |
| Jeff Beibin |
| IME Physician: |
| Dana Mannor |
| Specialty: |
| Orthopedic |
| Date of Accident: |
| 2/22/2019 |
| Exam Date: |
| 3/16/2023 |
| Description of the facility: |
| Located within a chiropractor's office. Separate entrance to a house |
| |

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| Name or Location of Facility: |
|--------------------------------|
| 28 Sycamore Lane |
| Commack, NY 11725 |
| Appointment Scheduled for: |
| 12:00 pm |
| Arrived for Office: |
| Examinee- 1:05 pm |
| Legal Representative- 11:45 am |
| Admitted to exam room: |
| N/A |
| Intake Start: |
| No intake was performed |
| Exam start time: |
| No exam was performed |
| Exam end time: |
| N/A |
| |

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